

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)Website: <http://www.honolulu.gov/ethics/>

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HONOLULU  
ETHICS COMMISSION  
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2-10-20

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**2019 ANNUAL REPORT**Lobbyist Annual Report  
(January 1 – December 31, 2019)  
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Toyofuku, Robert

LOBBYIST FIRM/EMPLOYER (if applicable)

BT Consulting, Inc

TELEPHONE

808-524-4155

MAILING ADDRESS (No. and Street or P.O. Box)

1000 Bishop Street, Suite 808

FAX

EMAIL  
toyofuku@hiadvocates.com(City)  
Honolulu(State)  
HI(Zip Code)  
96813**PART II ORGANIZATION**

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Intelsat

TELEPHONE

(703) 559-6800

MAILING ADDRESS (No. and Street or P.O. Box)

7900 Tysons One Place

FAX

EMAIL  
Ross.Vincentia@intelsat.com(City)  
McLean(State)  
VA(Zip Code)  
22102**PART III EXPENDITURES, BY TYPE**

Political Contributions	Amount	0	Receptions, Meals, Food & Beverages	Amount	0
Preparation & Distribution of Lobbying Materials	Amount	0	Media Advertising	Amount	0
Entertainment & Events	Amount	0	Other <input type="checkbox"/> Additional Sheet(s) Attached		
			TOTAL		0

# **PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount	0
Compensation	Amount	\$ 5,235
Contributions	Amount	0
Membership Fees	Amount	0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a	


# **PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

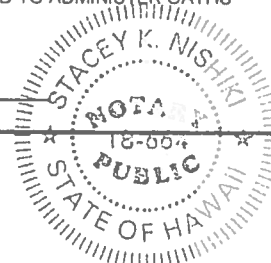
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>Important Ag. Lands</u>		

# **PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2019), passed)**

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

# **PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE <u>January 31, 2020</u> DATE	Subscribed and sworn to before me This <u>31<sup>st</sup></u> day of <u>JANUARY</u> , <u>2020</u> By: <u>Stacey K. Nishiki</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>4/28/22</u>
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**HAWAII ALL-PURPOSE ACKNOWLEDGMENT**  
**H.R.S 502-41(6)**

State of Hawaii

County of HONOLULU

} ss.

On this 31<sup>st</sup> day of JAN, 2020, in the FIRST Circuit Court, State of Hawaii,  
Day Month Year Name of Circuit

before me personally appeared ROBERT TOYOHUKY (,) (and  
Name of Signer 1

N/A

(,) to me personally known or proved  
Name of Signer 2 (if any)

to me on the basis of satisfactory evidence to be the person(s) whose name(s)

0s/are subscribed to this instrument, who, being by me duly sworn or affirmed, did say

that such person(s) executed the foregoing instrument identified or described as

2019 ANNUAL REPORT

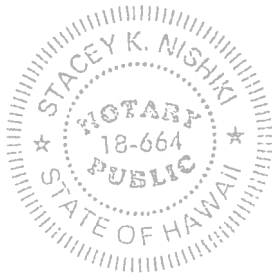
Type of Document

as the free act and deed of such person(s),

and if applicable, in the capacity shown having been duly authorized to execute such instrument

in such capacity. The foregoing instrument is dated JAN 31 2020 and  
Date of Document

contained 2 pages at the time of this acknowledgment/certification.  
No. of Pages



STACEY K NISHIKI

Printed Name of Notary Public

Notary Public — STATE OF HAWAII

My commission expires: 11/25/22

Stacey

Signature of Notary Public

Place Notary Seal or Stamp Above